



Adventure Camp Packet

Please check the outside mailing label to be sure your child is in the correct camp.
For questions, call the Adventure Camp Hotline at (703)324-8410.
Copies of all forms are available online at www.fairfaxcounty.gov/parks

*****DO NOT MAIL FORMS IN -- BRING FORMS TO FIRST DAY OF CAMP*****

Welcome to Adventure Camp!

This packet includes forms parents must sign and bring to camp on the first day. It also includes important schedule information. Please read the entire packet carefully. You will be required to submit all of the forms on the first day of camp. If you lose the forms, they can be acquired on line at www.fairfaxcounty.gov/parks. ALL FORMS MUST BE FILLED OUT COMPLETELY IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THE ACTIVITIES. This includes the Emergency and Pick Up forms, Theme Park Permission form and the three waivers.

Transportation

Fairfax County Park Authority (FCPA) uses Fairfax County Public School buses and trained drivers for Adventure Camp. We will be shuttling between two pick up sites with each bus. **Please note that there may be other school buses being used for other programs in proximity to our bus; therefore, it is extremely important that the camper does not get on a bus until he/she has been instructed to do so by the counselor.** Look for the bus with the Adventure Camp sign in the window. For updated bus information, call the Adventure Camp Hotline at (703)324-8410

Staff and Activities

Each bus has two trained Fairfax County Park Authority staff members, many of whom are teachers and experienced outdoorspersons with years of experience working with youth. These counselors supervise the trip from start to finish, and generally handle discipline issues and provide encouragement and support for each camper. For rock climbing, kayaking, white water rafting, caving, ropes course, wilderness survival and tubing, professionals who specialize in each activity area will provide instruction.

POLICIES

Rain / Inclement Weather

It is unlikely that the weather will necessitate the cancellation of a scheduled activity. Often it can be raining here in Northern Virginia but weather at our destination site is fine. However, if a scheduled activity is jeopardized by inclement weather, the camp will still operate with a substitute activity.

Emergency Medication

Epi-Pens and Inhalers may accompany your child to camp as long as a physician completes the proper medical authorization. Without this form, you will not be permitted to leave these emergency medications at camp. Please call (703) 324-8514 for the Authorization for Inhaler or Epi-Pen or go to our website at www.fairfaxcounty.gov/parks/campforms to obtain these forms.

Sick Children

If a child arrives with symptoms of illness, the child will not be permitted to stay. Parents will be called if a

child becomes ill during the trip to arrange for pickup. Parents will be notified if child has a temperature over 100 degrees or shows symptoms of a communicable disease. A doctor's note is required before children may return to camp.

Behavior Management and Disciplinary Actions

If a child brings a weapon, alcohol or drugs to camp, intentionally harms others, vandalizes property, or displays other extreme behavior, he/she will be dismissed from the program and a partial refund will be given. As Adventure Camp involves specific safety and behavior requirements for each activity, it is essential that campers follow the directions of instructors and FCPA staff. FCPA reserves the right to terminate a child's enrollment.

All participants enrolled in FCPA programs must meet the code of conduct which states children must be able to demonstrate the following with minimal direction: (1) must be able to maintain personal care without staff support; (2) stay with assigned group; (3) respect others; (4) maintain self control (listening, following directions, keeping hands to oneself, using appropriate language); (5) meet the prerequisite skills for the program if required. When a camper exhibits inappropriate behavior, parents will be notified verbally and/or in writing with notification of further action.

Sunscreen & Lotion Application

Staff are not permitted to apply sunscreens or lotions to children, however campers should bring sunscreen and apply it regularly themselves.

Reporting Child Abuse & Neglect

If it is suspected that a child has been abused, neglected, or exploited in any way, program staff is required to report this to the Youth Services Director who will immediately make a report to Child Protective Services. Confidentiality will be maintained.

Absences

If your child will not be attending one of the days and you know this the night before or if an emergency occurs in the morning, please leave a message on the Adventure Camp hotline at (703) 324-8410. The bus must leave on time and we must account for every individual. Refunds are not given for illness.

Refunds/Transfers

Cancellations and transfers may NOT be done through the automated telephone or internet registration systems. For operator assistance, call (703) 222-4664. There are no refunds for missed days due to changed work or vacation schedules, sick days, or other non-emergency reasons. Refunds and transfers must be requested at least ten business days prior to the camp session for which the refund/transfer is being requested. All but \$25 will be returned for approved refunds. Refunds are not permitted for those who register within ten business days prior to the start of a camp session. Transfers cannot be done within the ten business day period before the start of camp. Within the ten business days of the start of camp, refunds will only be given for medical emergencies with doctor's written verification as long as the verification is received BEFORE the camp begins. If a medical emergency occurs during camp, a doctor's written verification will be needed within 24 hours for a pro-rated refund. Requests received after the camp session ends will not be granted.

What to Bring

Please see the attached detailed list of what to bring for each day of camp. Please label all personal belongings and keep them in a backpack or other durable bag. Items may be left on the bus during the activity, but FCPA staff are not responsible for lost or stolen items. Valuable items such as personal CD players/walkman, games and jewelry should be left at home. Participants must bring their own food and beverage in an individual lunch size container. On rafting days, food must be kept in a plastic bag that will fit into buckets on the raft. The rafting company will provide a beverage each day. Campers may want to bring money for stops at convenience stores for snacks.

THE FIRST DAY OF CAMP

Please read all of the materials that have been sent to you, fill-out, **SIGN** and bring each permission form to your adventure camp counselor on the first day of your camp session. **On the first day, PARENTS PLEASE WAIT UNTIL YOUR FORMS ARE CHECKED BY A COUNSELOR--**incomplete forms may prevent your child from participating!

MORNING DROP-OFF

Campers must arrive promptly at their drop-off sites. If your child will not be attending one of the days and you know this the night before or if an emergency occurs in the morning, please call (703) 324-8410 and leave a message. The buses will leave the drop-off sites each morning on schedule and it is important to know if a student is not attending that day. If you are late arriving and the bus has already left, unfortunately we cannot hold the bus at the next pickup site or along the road. Most sites meet at the flagpole.

Signing In / Out

For the safety of your children, authorized individuals 18 years or older must sign the child in and out each day. Staff are required to ask for I.D. for all persons picking up children. Children will not be released to anyone not on the Pick up Authorization Form. Custody issues require special attention; please call Youth Services at (703)324-8571. Written permission must be given to the counselors if your child will be walking to and from camp. Be sure your car is parked legally during this process. If you arrive late and the bus has left, do not leave your child unattended, as no staff will be on site.

AFTERNOON PICKUP

Late Parent Policy

If a parent or authorized person is late in picking the child up, a late fee of \$5 for every 15 minutes will be applied. If a child is consistently picked up late, the child may be dismissed from the program. If you will be more than a few minutes late, please contact (703)324-8680 to let the headquarters staff know. They will contact the counselors on the bus by cell phone. A staff member will remain with the child up to one hour after the program ends. After one hour Child Protective Services will be called. **STAFF ARE NEVER ALLOWED TO TRANSPORT CHILDREN HOME!**

Adventure Camp Hotline

On occasion, due to traffic, weather and the length of time it takes to complete each activity, our buses may arrive at pickup sites later than scheduled. Each bus is in contact with FCPA headquarters by cell phone and if we know the bus will arrive more than a few minutes late, a recorded message with the estimated return time will be placed on **the Adventure Camp Hotline at (703)324-8410**. Please call this number after 3:30pm, and before you leave to pick your child up each day in case the buses are running behind schedule. Hopefully, this will avoid having parents wait in their cars for long periods.

Insurance

Accident Insurance is not available and all insurance and medical coverage is the responsibility of the parent.



Accommodations: If participation accommodations and/or alternative information formats are needed in accordance with the Americans with Disabilities Act, please call (703) 324-8563 at least 10 business days in advance of the date needed. TTY (703) 803-3354.

What to Bring to Adventure Camp!

We stop at convenient stores or restaurants every day, before and after activity, *if time permits*

WATER ACTIVITIES:

- Bring Sunscreen
- Wear old sneakers (no socks) or sandals (Teva style) that wrap around the ankle (this prevents the sandals from coming off your feet in the water).
- Bring a change of clothes – **You will get wet!**
- **Kayaking-** bring a lunch in a LARGE ZIP-LOCK BAG OR SOFT COLLAPSIBLE COOLER ONLY! Other coolers will not fit behind the kayak seat. Bring a sports bottle with water.
- **Rafting-** bring lunch in a PAPER OR PLASTIC BAG ONLY! This bag will be put in a waterproof container once we get to the rafting location, be sure to put your name on the bag. Bags will be thrown away after lunch; **DO NOT bring anything you want to keep**. The rafting company will provide drinks. You may bring a drink but it must be in a disposable (not glass) container.
- **Tubing-** bring lunch in a large zip-lock bag or collapsible cooler, be sure to put your name on the bag.
- NO SODAS PLEASE (due to dehydration)

LAND ACTIVITIES:

- **Caving Day-** bring old boots/shoes with ankle support, old clothes that can get dirty, long sleeved shirt and long pants, a synthetic or wool sweater, long underwear (coveralls work best with a thin layer underneath, but don't go out and buy this if you don't have it). Also bring a change of clothes to wear after caving, change of shoes, garbage bag to put dirty clothes in, snack before you go into the cave, and a towel. Caves average 52 degrees year round.
- **Bring PLENTY OF WATER!** At least two sports bottles. **NO SODAS!**
- Bring a lunch in a cooler or insulated bag
- Bring a backpack to carry belongings. Make sure camper's name is visible.
- Bring sunscreen and bug spray
- **NO SHORT SHORTS! Shorts must be at least 5 inches above the knee or LONGER.** This is so the harness won't cut into the legs
- Wear old clothes and comfortable (old) **sneakers-must be closed toe (no sandals)**

THEME PARKS:

- Bring sunscreen
- Wear casual clothes, but remember **it's going to be hot!**
- Bring a swimsuit and towel if you want to use the water park on Six Flags and Kings Dominion days
- Lunch/Drink:
Kings Dominion - you can bring your own lunch but have to carry it with you all day
Six Flags/Splash Down - do NOT allow you to bring in food/drink (water is ok). You must purchase food at the park. Park Security checks bags at the gate and confiscates any food before it enters the park.

Don't forget to call (703) 324-8514 if your child must carry an Epi-Pen or Inhaler or takes medications.

Adventure Camp 2004 Bus Schedule

| | | Pick Up Schedule | | Drop Off Schedule | |
|-------------|----------|---------------------|-------------|---------------------|------------------|
| | | SCHEDULE A (BUS #1) | | SCHEDULE A (BUS #1) | |
| Dates | Theme Wk | 7:30 am | 8:00 am | 4:00pm | 4:30pm |
| 6/21 – 6/25 | Fun | McLean | Chantilly | Chantilly | McLean |
| 6/28 – 7/02 | Land | Madison | Centreville | Centreville | Madison |
| 7/6-7/9 | Theme Pk | FCHS** | ----- | ----- | FCHS - 5pm** |
| 7/12 – 7/16 | Water | Marshall | Chantilly | Chantilly | Marshall |
| 7/19 – 7/23 | Water | Madison | Centreville | Centreville | Madison |
| 7/26 – 7/30 | Fun | McLean | Chantilly | Chantilly | McLean |
| 8/02-8/6 | Land | Madison | Centreville | Centreville | Madison |
| 8/9 – 8/13 | Fun | McLean | Chantilly | Chantilly | McLean |
| 8/16 – 8/20 | Fun | Madison | Centreville | Centreville | Madison |
| 8/23 – 8/27 | Fun | West Springfield | Chantilly | Chantilly | West Springfield |

| | | Pick Up Schedule | | Drop-Off Schedule | |
|-------------|----------|---------------------|----------|---------------------|---------|
| | | SCHEDULE B (BUS #2) | | SCHEDULE B (BUS #2) | |
| Dates | Theme Wk | 7:30 pm | 8:00 pm | 4:00 pm | 4:30 pm |
| 6/21 – 6/25 | Fun | West Springfield | Woodson | West Springfield | Woodson |
| 6/28 – 7/02 | Land | Edison | Robinson | Robinson | Edison |
| 7/6-7/9 | Theme Pk | ----- | ----- | ----- | ----- |
| 7/12 – 7/16 | Water | West Springfield | Woodson | West Springfield | Woodson |
| 7/19 – 7/23 | Water | West Springfield | Woodson | West Springfield | Woodson |
| 7/26 – 7/30 | Fun | Edison | Robinson | Robinson | Edison |
| 8/02-8/6 | Land | West Springfield | Woodson | West Springfield | Woodson |
| 8/9 – 8/13 | Fun | Edison | Robinson | Robinson | Edison |
| 8/16 – 8/20 | Fun | West Springfield | Woodson | West Springfield | Woodson |
| 8/23 – 8/27 | Fun | ----- | ----- | ----- | ----- |

NOTE: Wednesday drop-offs are 5:30/6:00 for Kings Dominion Day. Check hotline daily.

** For Theme Park Week, Friday is an 8:00am pickup and drop off time (5pm) is subject to change—
hotline will be updated daily

Determining Your Camp Schedule

To determine your weekly schedule (either A or B):

- a.) Review the chart on the reverse side. Find date of camp and pick up location
- b.) Look at the top of the chart to determine your schedule (A or B)
- c.) Locate Schedule A or B on this page and your camp date

| Schedule A (Bus #1) | | | Schedule B (Bus #2) | | |
|---|---------------------|-------------------|--|---------------------|-------------------|
| Adventure Land Dates: June 28-July 2, Aug 2-6 | | | Adventure Land Dates: June 28-July 2, Aug 2-6 | | |
| Monday: | Rock Climbing | Purcellville, Va | Monday: | Caving | Paris, Va |
| Tuesday: | Wilderness Survival | Paris, Va | Tuesday: | Ropes Course | Bridgewater, Va |
| Wednesday: | King Dominion | Doswell, Va | Wednesday: | King Dominion | Doswell, Va |
| Thursday: | Caving | Bridgewater, Va | Thursday: | Rock Climbing | Paris, Va |
| Friday: | Ropes Course | Paris, Va | Friday: | Wilderness Survival | Purcellville, Va |
| Adventure Fun Dates: June 21-25, July 26-30, Aug 9-13, Aug 16-20, Aug 23-27 | | | Adventure Fun Dates: June 21-25 July 26-30, Aug 9-13, Aug 16-20, Aug 23-27 | | |
| Monday: | Kayaking | Harpers Ferry, WV | Monday: | Rock Climbing | Purcellville, Va |
| Tuesday: | Rafting | Knoxville, Md | Tuesday: | Rafting | Knoxville, Md |
| Wednesday: | Kings Dominion | Doswell, Va | Wednesday: | Kings Dominion | Doswell, Va |
| Thursday: | Rock Climbing | Purcellville, Va | Thursday: | Kayaking | Harpers Ferry, WV |
| Friday: | Six Flags | Largo, Md | Friday: | Six Flags | Largo, Md |
| Adventure Water Dates: July 12-16, July 19-23 | | | Adventure Water Dates: July 12-16, July 19-23 | | |
| Monday: | Kayaking | Harpers Ferry, WV | Monday: | Tubing | Harpers Ferry, WV |
| Tuesday: | Rafting | Knoxville | Tuesday: | Rafting | Knoxville, Md |
| Wednesday: | Kings Dominion | Doswell, Va | Wednesday: | Kings Dominion | Doswell, Va |
| Thursday: | Tubing | Harpers Ferry, WV | Thursday: | Kayaking | Harpers Ferry, WV |
| Friday: | Splash Down | Manassas, Va | Friday: | Splash Down | Manassas, Va |



Fairfax County Park Authority Children's Emergency and Medical Information

Child's Name: _____ Sex: ____ Male ____ Female
Last First MI

Address: _____
Street City State Zip

Phone (h): _____ Child's Date of Birth: ____/____/____/____/____/____

Parent/Guardian Name: _____ E-Mail _____
Last First MI

Address: _____
Street (if different from child's) City State Zip

Phone (h) _____ (w) _____ (c) _____

Parent/Guardian Name: _____ E-Mail _____
Last First MI

Address: _____
Street (if different from child's) City State Zip

Phone (h) _____ (w) _____ (c) _____

****Mandatory 2 Emergency Contacts other than parents (required by the VA Dept of Social Services)**

Emergency Contact #1 _____ Relationship to Child _____

Address _____ Phone (H) _____ (W) _____

Emergency Contact #2 _____ Relationship to Child _____

Address _____ Phone (H) _____ (W) _____

Child's Physician (name & phone) _____

Insurance Company (name & policy #) _____

___ Yes ___ No Is your child under physician's care or taking medications on a continuing basis? If yes, please explain what for.

___ Yes ___ No Does your child have a contagious disease? If yes, please describe. _____

___ Yes ___ No Does your child have any allergies? If yes, please specify allergies. _____

What should be done if your child comes into contact with an allergen? _____

___ Yes ___ No Does your child have any chronic problems, special needs, or other conditions we should know about? If yes, please explain.

___ Yes ___ No Does your child take medications? If yes, please list. If during camp, you must contact Youth Services for proper medical authorization forms.

___ Yes ___ No Is your child allowed to participate in swimming/wading activities if included in the program?

What is your child's swimming ability: ___ Non-Swimmer ___ Beginner Swimmer ___ Experienced Swimmer

What schools or other programs does your child attend? _____

I hereby authorize the FCPA and/or designated contractor to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required, I authorize the FCPA to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child and that FCPA advises that I carry health insurance for my child. I have read the policies for the program and agree to adhere to them, including the policy if my child becomes ill, I must pick up my child immediately. I certify that the above information is complete and correct.

Parent/Guardian's Signature

Date

DO NOT MAIL THIS FORM. PLEASE BRING TO CAMP ON FIRST DAY.



Fairfax County Park Authority
Pick Up Authorization
(For School and Vendor Based Locations)

Child's Name:

Camps Child is Enrolled in:

The following people are authorized to pick up my child from the FCPA program. I understand my child will be allowed to leave with these individuals only. Photo identification will be requested at sign out. (please include yourself)

| Authorized Person's Name (please print) | Relationship to Child | Phone Number |
|--|--------------------------|-----------------|
| | | |
| | | |
| | | |
| | | |

Name of persons NOT allowed to pick up my child:

| Date | Day | Time In | Initials | Time Out | Initials |
|------|-----------|---------|----------|----------|----------|
| | Monday | | | | |
| | Tuesday | | | | |
| | Wednesday | | | | |
| | Thursday | | | | |
| | Friday | | | | |

Parent/Guardian Signature_____ **Date**_____

DO NOT MAIL THIS FORM. DROP OFF ON FIRST DAY OF CAMP.

Fairfax County Park Authority
Theme Park / Water Park Permission Form



Due to the nature of the activities at theme and water parks, including the controlled environment and the need to move through lines in small groups, participants are not required to stay with the entire group and an FCPA counselor during their time at the park. We have had many years of successful programs using this method that allows participants freedom to choose their favorite activities. In order to ensure the safety of the campers, the FCPA has established the following guidelines for Adventure Camp theme and water park trips:

- Groups consist of three or more children who must stay together.
- Groups must check-in at the designated meeting place at certain intervals during the day as outlined by the camp staff.
- Campers must stay in the park at all times.
- Camp staff will move throughout the park with different groups throughout the day to assist campers.
- A staff member will be at the designated meeting place every hour on the hour in case a camper needs assistance. Park staff will be able to contact our staff at these designated locations and times.
- Campers are given wristbands with their group name and an emergency phone number.
- Staff coordinate with the park's emergency personnel to arrange communications throughout the day.
- Campers are responsible for meeting at the designated place AND time for check-ins. Waiting in line is not an acceptable excuse for being late. In fairness to other campers and parents waiting back at home, campers who are late or who misuse our trust may be required to stay with a counselor for all or part of theme park days at the discretion of FCPA staff.
- Campers who elect to participate in water rides, water park activities or go swimming do so at their own risk under the supervision of theme park staff and lifeguards only.
- Should a participant ignore instructions and not return in time for the return trip, a counselor will stay on site, but the bus may leave to return home. In this case, the parent is responsible for coming to the activity site and providing return transportation for their child.

Child's Name _____

I understand the above guidelines and agree to discuss these with my child prior to camp.

Parent's Name (print)

Signature

Date

01/04



**INDEMNIFICATION AND
ACKNOWLEDGMENT OF RISK FOR MINORS**

(Must be completed by parent or legal guardian for participants under the age of 18)

Adventure Links

21498 Blue Ridge Mountain Road

Paris, VA 20130

www.adventurelinks.net 800-877-0954 540-592-3682 Fax: 540-592-3316

I acknowledge that my child's participation in outdoor activities such as rock climbing, hiking, challenge course activities, caving and whitewater canoe and kayak trips entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to my child. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

In consideration of _____ (print minor's name) ("Minor") being permitted by VASPAC, Inc. (dba Adventure Links) to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless VASPAC, Inc. (dba Adventure Links) from any and all claims, demands, or causes of action which are brought by myself, and/or the minor and/or on behalf of the Minor against VASPAC, Inc. (dba Adventure Links) or and which are in any way connected with such use or participation by Minor. In the event that I file a lawsuit against VASPAC, Inc. (dba Adventure Links), I agree to do so solely in the state of Virginia, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I hereby represent that the minor is in good health, that there are no special problems associated with the care of the minor, and that I have adequately informed VASPAC, Inc. (dba Adventure Links) personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I authorize VASPAC, Inc. (dba Adventure Links) personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed by the minor. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, VASPAC, Inc. (dba Adventure Links) shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

I authorize VASPAC, Inc (dba Adventure Links) personnel to use photographs, video footage, and quotes acquired during the program for promotional purposes. I further understand that upon my child's participation in this program, I allow Adventure Links to forward further program information or updates of services. I must Adventure Links in writing if I do not wish to receive this information.

Parent or Guardian Name: _____ Child's Name: _____

Address: _____ Phone (H): _____

City: _____ State: _____ Zip: _____ Phone (W) : _____

Email: _____ Phone (Cell): _____

Program: _____ Date of Birth: _____ / _____ / _____

Signature: _____ Date: _____

The Venue of any dispute that may arise out of this agreement or otherwise between the parties to which the VASPAC, Inc. (dba Adventure Links) or its agents is a party shall be either the town of Berryville, Virginia, Justice Court or State Supreme Court in Virginia. ©- 2001 Adventure Links-- W2new-1/2002



River & Trail Outfitters

White Water Rafting

PARENT/GUARDIAN PERMISSION FORM

(This form to be used for minors only)

I hereby grant permission for my child, _____, to participate in whitewater rafting, kayaking, canoeing, tubing, biking, camping, climbing on a portable rock climbing wall and hiking or cross country skiing, with River & Trail Outfitters Inc. And I hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's use of rafting, kayaking, canoeing, tubing, biking, camping, climbing on a portable rock climbing wall and hiking or cross country skiing equipment and my child's participation in rafting, kayaking, canoeing, tubing, biking, camping, climbing on a portable rock climbing wall and hiking or cross country skiing activities; (b) my child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or river route, water level, weather conditions, risks of falling out of, from, or during a raft, kayak, canoe, tube, bike, portable rock climbing wall, hiking or cross country skiing and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) I hereby accept and assume these risks and dangers.

I have been advised that my child must wear an approved personal flotation device at all times while on the water. I affirm that my child will not be under the influence of alcohol or controlled substance, and will not carry, use, or consume these substances before or during his/her scheduled activities. Any claims or dispute arising from my child's participation in River & Trail Outfitters' activities or use of River & Trail Outfitter's equipment shall be venued in the Washington County District Court for the State of Maryland.

My child is in good health and is at or above the minimum age stated in River & Trail Outfitter's advertising for each activity in which he/she will participate. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems, which will present any risk to his/her participation in the activities. Information on my child's physical handicaps or medical problems which I feel River & Trail Outfitters should know about will be given in writing in advance of the scheduled trip. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law. Furthermore, I permit the use of any photos, slides, films, or sketches, of him/her taken during the day's activities for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN RIVER & TRAIL OUTFITTER'S RAFTING, KAYAKING, CANOEING, TUBING, BIKING, CAMPING, PORTABLE ROCK CLIMBING WALL AND HIKING OR CROSS COUNTRY SKIING ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

Group Name (if applicable) _____

Parents Name (Print) _____ Signature _____

Street and Apt. Address: _____

City: _____ State: _____ Zip Code: _____

Child's Name: _____ Age: _____ Trip Date: _____

Child's Signature: _____

DO NOT LOSE—PLEASE GIVE COMPLETED FORM TO YOUR GROUP LEADER



RIVER RIDERS

Parent / Guardian Permission Form – Kayaking/Tubing

This form to be used for minors only

I hereby grant permission for my child _____ to participate in whitewater rafting, biking, kayaking, tubing, camping, or canoeing at River Riders, Inc. on _____ and hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's use of rafting, biking, kayaking, tubing, camping or canoeing equipment and my child's participation in rafting, biking, kayaking, tubing, camping or canoeing activities; (b) my child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or river route, water level, weather conditions, risks of falling out of raft, kayak, tube, or canoe or off of a bike and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) I hereby accept and assume these risks and dangers.

I have been advised that my child must wear an approved personal flotation device at all times while on the water. I affirm that my child will not be under the influence of alcohol or controlled substance, and will not carry, use, or consume these substances before or during her/his scheduled activities. Any claims or dispute arising from my child's participation in River Riders, Inc.'s activities or use of River Riders, Inc.'s equipment shall be venued in the Jefferson County Supreme Court of the State of West Virginia.

My child is in good health and is at or above the minimum age stated in River Riders, Inc.'s advertising for each activity in which he/she will participate. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems, which will present any risk to his/her participation in the activities. I permit the use of any photos, slides, films, or sketches of him/her taken during the day's activities for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN RIVER RIDERS, INC.'S RAFTING, BIKING, KAYAKING, TUBING, CAMPING, OR CANOEING ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THERE WITH.

Name of Group/Organization _____

Parents Name _____ Initials _____

Parent Signature _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Childs Birthday _____

Childs Name _____ Initials _____

Child Signature _____